



# TASK FORCE ON SCHOOL HEALTH SERVICES

## REPORT TO THE STATE BOARD OF HEALTH

### EXECUTIVE SUMMARY

Due to continuing calls of concern from school nurses about delegation issues as well as a general concern about the oversight and delivery of school health services, the Board of Nurse Examiners (BNE) met with the Texas Board of Health (BOH) to discuss its concerns. As a first step in addressing those concerns, the BOH established this School Health Task Force under the chairmanship of Board member Ruth Stewart, R.N. The Task Force consists of representatives from public and private entities including the Department of Health, the BNE, the Texas Education Agency, the Board of Vocational Nurse Examiners, the Texas Pediatric Society, the Texas Conservative Coalition, the Texas Association of School Administrators, the Texas Association of School Boards, the Texas Association of School Nurses and the Texas Nurses Association. A white paper is the product of that Task Force. This is the summary of that document.

It can be argued that school health services contribute to the goals of both the public education and the public health systems. Children who have health problems that go untreated may be prevented from reaching their full academic potential. In some instances, the school nurse may be the only health care provider some children see on a regular basis. It is estimated that 24 percent of Texas children are uninsured. The exact state of student health is difficult to measure, as is the extent to which schools are able to address student health needs. The problem is exacerbated by the fact that there is no school health data collected on a statewide basis; nor are there any mechanisms to assess student health needs and school health services, which consider cost benefit and community involvement.

Prior to 1991, the Texas Education Agency played a significant role in school health services but with the repeal of 19 Texas Administrative Code Sec. 84.41, TEA's level of involvement in this area began to decrease. The decrease in TEA's activity in school health services has been paralleled by a corresponding increase in the Texas Department of Health's (TDH) activity in this area. In 1993, TDH hired staff to coordinate its grant project for school-based health centers. In addition, the School Health Program staff coordinate several other school related programs. They provide technical assistance and serve as the coordination point on TDH information and resources of interest to school personnel on topics ranging from head lice to asbestos to school-based health centers.

Federal law mandates that school districts provide health-related services to students with disabilities if it is required in their Individual Education Plan (IEP). While there is no similar federal or state law mandating school districts provide basic health services to their general student populations, many school districts voluntarily elect to do so. The extent and scope of voluntary school health services varies

among districts. School districts providing school health services (whether mandated services for special needs students or voluntary services for the general student population) must comply with the general laws covering the delivery of health services the same as other providers of health care. With the exception of the administration of medications and minor first aid, the Texas Education Code requires that school health services be provided by a physician, registered nurse, licensed vocational nurse or unlicensed health personnel acting under delegated authority of a physician or registered nurse.

School nurses have traditionally been the backbone of school health services. Basic school health services are primarily provided by registered nurses (RN's), licensed vocational nurses (LVN's) and unlicensed health personnel. Other health providers involved in school health services include physicians, psychologists, audiologists, speech-language pathologists and social workers. However, role confusion exists about the appropriate role for RN's, LVN's, and unlicensed health personnel as well as other health providers in the school setting. Standardized voluntary guidelines for school health services would be helpful in assuring that school health services are provided in the most appropriate and safest way possible for public school children.

Funding is often a critical issue in the delivery of school health services. There is no dedicated funding for school health services in Texas. Most funding for school health services comes from local property tax revenue or state and federal programs. Even when state and federal funding sources (such as Medicaid) are available for school health services, these funds are not always readily accessible. The lack of consistent funding has been an impediment to establishing and maintaining health services for students in Texas schools. Like other public and private entities involved in providing health care services, school districts are exploring new alternatives for funding school health services, including collaboration with managed care organizations.

In light of the BOH's and TDH's statutory responsibility to "protect and promote the health of the people of this state," the Task Force believes it is appropriate for the board and the department to assume a leadership role in developing voluntary standards for school health services and to provide guidance and technical assistance to schools electing to provide school health services. However, one thing should never be forgotten: the rights of the communities and parents to decide what type of quality health services should be provided and how they are to be delivered.

Accordingly, the School Health Task Force makes the following recommendations to the Board of Health:

***Establish a leadership role of the Texas Department of Health in the support for and delivery of school health services.***

- I. Develop and implement a data collection model to compile basic information about school health services in the state.
- II. Establish a state-level interagency school health council (of representatives from relevant public and private sector agencies) that will consider relevant issues based on the data collected to coordinate and improve school health services including health promotion.



## ***LIST OF TERMS***

Terminology relating to school health services appears to vary considerably among the various groups interested in school health issues. Terminology familiar to one group may not be used at all by another or may have a very different connotation. For example, while "unlicensed assistive personnel" or "UAPs" is the terminology of choice for nursing, it is unfamiliar terminology to most other groups. Even the term "school health" connotes different things to the different groups. For persons coming out of an educational background, it most likely connotes the special health-related services required for special education students, while for persons coming from a health care background, it connotes the basic health care required for the general student population. For the purposes of the Task Force, the following terminology will be used.

*"School Health Services"* means all health-related services.

*"Basic School Health Services"* means school health services provided to meet the needs of the general student population and would cover services for both minor acute (flu, colds, injuries, etc.) and chronic conditions (asthma, diabetes, etc.)

*"Extended School Health Services"* means school health services that go beyond the traditional basic school health services.

*"Special Health Services for Special Needs Children"* or *"Special Education Health Services"* means those health related services required to be provided to students by the Individuals With Disabilities Education Act (IDEA).

*"Licensed Health Professional"* or *"Licensed Health Care Professional"* means a person such as a physician, RN or LVN licensed or certified by the State to provide health care.

*"Unlicensed Health Personnel"* or *"Unlicensed Health Care Personnel"* means a person not licensed or certified by the State to provide health care and whose job responsibilities include providing school health services. The term would apply to health aides whose primary job responsibility is to provide school health services as well as other personnel such as secretaries for whom providing school health services may be only a small portion of their job responsibilities.

*"Delegation"* means the granting of legal authority for a person to engage in acts that the person otherwise would be prohibited from engaging in. It differs from both supervising those acts and making administrative assignments of which persons will perform the acts.

*"Professional Supervision"* means supervision of professional services that fall within the scope of a professional license granted by the State, e.g. registered nursing. Individuals not licensed in the same health profession normally cannot professionally supervise licensed health professionals.

*"Administrative Supervision"* means supervision of the nonprofessional aspects of an individual's job responsibility, e.g. work hours, personnel matters, etc. Individuals not licensed in the same health profession can administratively supervise licensed health professionals.

*"Licensure Liability"* means the exposure a licensed health professional may have of disciplinary action being taken against the professional's license.

*"Civil Liability"* means the exposure an organization or individual may have for monetary damages for harm caused by the organization's or individual's act or omission. Such liability normally involves negligence or violation of a statutory duty.

## ***LIST OF TASK FORCE PARTICIPANTS***

Representatives of the organizations listed below participated in discussions in a voluntary capacity and agreed on the report. However, the Task Force report and recommendations may not reflect the official position of participating organizations.

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